


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000048253 (4)</b>			
1. Corporation Name <b>CENTRAL DIAMOND FLORIDA, INC.</b>			
Principal Place of Business <b>2756 LAKE FERN AVENUE ORLANDO FL 32822</b>		Mailing Address <b>2756 LAKE FERN AVENUE ORLANDO FL 32822-4183</b>	
2. Principal Place of Business <b>21 161.5 Lakemont Ave</b>		2a. Mailing Address <b>26 2756 Lakefern Ave</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State <b>Winter Park, Florida</b>		28 City & State <b>Orlando, Florida</b>	
24 Zip <b>U.S.A</b>		29 Zip <b>32822</b>	
25 Country <b>U.S.A</b>		30 Country <b>U.S.A</b>	
9. Name and Address of Current Registered Agent <b>FAZEEL, MELANIE J 2756 LAKE FERN AVENUE ORLANDO FL 32822</b>		10. Name and Address of New Registered Agent <b>81 Name Kristian Bergmann 82 Street Address (P.O. Box Number is not acceptable) 2756 Lakefern Ave 83 84 City Orlando FL 85 Zip Code 32822</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Kristian Bergmann</i> DATE <b>04-17-97</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME <b>Kristian Bergmann</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>2756 Lakefern Ave</b>	
CITY - ST - ZIP		1.4 CITY - ST - ZIP <b>Orlando, FL 32822</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>Kristian Bergmann</i> DATE <b>04-17-97</b> 407-381-8029 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)